

PART B - FEE(S) TRANSMITTAL

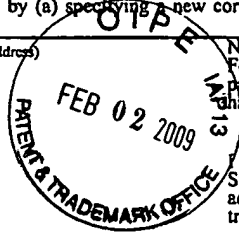
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59796 7590 10/29/2008

INTEL CORPORATION
c/o INTELLEVATE, LLC
P.O. BOX 52050
MINNEAPOLIS, MN 55402



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Darcy Kobylarczyk (Depositor's name)
/Darcy Kobylarczyk/ (Signature)
January 29, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/816,321 03/31/2004 Jianping Xu 42P17330 02/02/2009 NGUYEN2 00000138 500221 9136 10816321

TITLE OF INVENTION: LASER DRIVER FOR HIGH SPEED SHORT DISTANCE LINKS

01 FC:1501 1510.00 DA
02 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/29/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
VAN ROY, TOD THOMAS	2828	372-038020

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1 Lawrence M. Mennemeier
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Intel Corporation

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Lawrence M. Mennemeier/

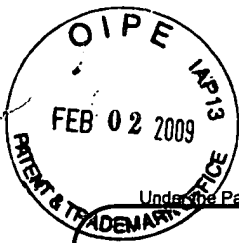
Date January 29, 2009

Typed or printed name Lawrence M. Mennemeier

Registration No. 51, 003

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

10/816,321

Filing Date

03-31-2004

First Named Inventor

Jianping Xu

Art Unit

2828

Examiner Name

Tod Thomas Van Roy

Attorney Docket Number

P17330

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Return Postcard; PTOL-85 Issue
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Fee Transmittal Form (1 pg).
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
	Authorization to charge the Deposit Account 50-0221 in the amount of \$1,510.00 for the Issue Fee Payment and \$300.00 for the Publication Fee Payment. Please charge any additional required fees or credit overpayment to Deposit Account No. 50-0221.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature	/Lawrence M. Mennemeier/		
Printed name	Lawrence M. Mennemeier		
Date	January 29, 2009	Reg. No.	51,003

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Signature	/Darcy Kobylarczyk/		
Typed or printed name	Darcy Kobylarczyk	Date	January 29, 2009

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